PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known ENT & TRAN on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 09/771,983 FEE TRANSMITTAL Filing Date January 30, 2001 For FY 2005 First Named Inventor Junichi HAYASHI et la. **Examiner Name** Y. Couso Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2625 Attorney Docket No. 03500.015073 TOTAL AMOUNT OF PAYMENT (\$) 00.00 METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order None Credit Card Check Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto 06-1205 1 Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity Small Entity Fees Paid (\$) **Application Type** Fee(\$) Fee(\$) Fee(\$) Fee (\$) Fee (\$) Fee (\$) 200 100 500 250 Utility 300 150 200 100 100 50 130 65 Design 150 80 Plant 200 100 300 160 300 150 500 250 600 300 Reissue 2. EXCESS CLAIM FEES Small Entity Fee(\$) Fee(\$) **Fee Description** Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) 0 50.00 36 or HP = Fee(\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims **Extra Claims** Fee(\$) - 3 or HP = 0 х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) ____ - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) \$130 fee (no small entity discount) Non-English Specification, Other:_

SUBMITTED BY				
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Name (Print/Type)	Brian L. Klock			Date: March 13, 2006



03500.015073 PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re Application of:)	
	:	Examiner: Y. Couso
JUNICHI HAYASHI, ET AL.)	
	:	Group Art Unit: 2625
Appln. No.: 09/771,983)	-
	:	
Filed: January 30, 2001)	
•	:	
For: IMAGE PROCESSING)	March 13, 2006
APPARATUS FOR DETERMINING	:	
SPECIFIC IMAGES)	

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR PERSONAL INTERVIEW

Sir:

In response to the Office Action dated December 13, 2005, please amend the application as follows: